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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/590,202 06/08/2000 PAT 6,428,483 ✓ @ 8/11/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ISRAEL 130371 06/08/1999 ✓ @ 8/11/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/20/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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## TITLE

Waveform interpreter for respiratory analysis

FILING FEE  RECEIVED 1766	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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